



**State of Nebraska**  
**Nebraska Commission for the Deaf and Hard of Hearing**  
**4600 Valley Road, Suite 420**  
**Lincoln, NE 68510-4844**



**Form K: Application for Waiver of Continuing Education**

*(Must be received by the Commission at least 30 days prior to license expiration)*

**Section A — Personal Information:**

Legal Name: \_\_\_\_\_ Nebraska Interpreter License Number: \_\_\_\_\_  
 RID Membership Number (Optional): \_\_\_\_\_

**Section B — License Application Category (check all that apply):**

- ☐ Interpreter/Transliterator or Specialty License Renewal  
☐ License Reinstatement

**Section C — Eligibility Criteria for Waiver:**

If you have not completed the required 20 clock hours of approved continuing education with a minimum of 15 of those clock hours completed in the area of Professional Studies and no more than 5 clock hours completed in the area of General Studies, and wish to apply for a waiver, please complete the following information.

Documentation of the circumstances beyond the license holder's control which prevented completion of the continuing education requirement must be submitted with this application. Check applicable reason(s) for requesting a waiver. Circumstances include, but are not limited to, the following:

- \_\_\_ I served in the armed forces of the United States during part of the 24 months immediately preceding the license renewal date. *(Attach official documentation stating dates of service)*
- \_\_\_ I suffered from a serious or disabling illness or physical disability which prevented completion of the required number of hours of continuing education during the 24 months immediately preceding the license renewal date. *(Attach a written statement from a treating physician(s) stating that you were injured or ill, the duration of the illness or injury and the recovery period, and that you were unable to attend continuing education activities during that period)*
- \_\_\_ I was first licensed within the 24 months prior to the license renewal date. *(Part or all of the CEU requirements may be waived)* Date of issuance of license: \_\_\_\_/\_\_\_\_/\_\_\_\_
- \_\_\_ Other, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Section D — Certification of Applicant:**

I hereby agree that I have knowledge of and comply with the standards set forth in the Regulations Governing the Practice of Interpreting or Transliterating as established by the State of Nebraska and understand the types of misconduct for which disciplinary proceedings may be initiated against me pursuant to said regulations.

I also certify that the preceding information is correct to the best of my knowledge. I agree to follow the NAD-RID Code of Professional Conduct as set forth in section 002 of the Regulations Governing the Practice of Interpreting or Transliterating.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date